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Sharon B. Leachman	(Depositor's name)
	(Signature)
August 16, 2006	(Date)

ORRICK, HERRINGTON & SUTCLIFFE, LLP
IP PROSECUTION DEPARTMENT
4 PARK PLAZA
SUITE 1600
IRVINE, CA 92614-2558

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/759,870	01/16/2004	Luigi Silvestri	8707-2171	8421

TITLE OF INVENTION: DETERMINING THE PRESENCE AND TYPE OF PROBE ASSOCIATED WITH AN ACTIVE IMPLANTABLE MEDICAL DEVICE, IN PARTICULAR A CARDIAC PACEMAKER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DUE DATE
Nonprovisional	NO	\$1400	\$300	\$1700	08/30/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
Geddon, Brian T.	3766	607-028000

1. Change of Correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Orrick Herrington &

2. Sutcliffe, LLP

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: ELA Medical S.A.S.
98 Rue Maurice-Arnoux
F-92120, Montrouge, France

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☐ Issue Fee

☒ Publication Fee

☒ Advance Order - # of Copies Eight

4b. Payment of Fee(s)

☐ A check in the amount of the fee(s) is enclosed

☐ Payment by credit card. Form PTO-2038 is attached

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0665 (enclose an extra copy of this form).

5. Change of Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. ☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application indicated above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the application, a registered attorney or agent, or the assignee or other party in interest as shown by records of the United States Patent and Trademark Office.

Authorized Signature, Veronica Mullally

Date August 16, 2006

Typed or Printed name VERONICA MULLALLY

Registration No. 46,059

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